

Docket No. 43966-CB/JPW/AG

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Graham P. Allaway et al.

Serial No. : 09/904,356 Examiner: Jeffrey S. Parkin

Filed : July 12, 2001 Group Art Unit: 1648

For : METHOD FOR INHIBITING HIV-1 ENVELOPE GLYCOPROTEIN-MEDIATED
MEMBRANE FUSION

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: August 8, 2007

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	10 -	* 20 =	*** X	\$25	\$50	=	0	
Indepen- dent Claims	2 -	** 3 =	X	\$100	\$200	=	0	
Multiple Dependent Claim(s) Presented For First Time Yes <u>X</u> No				\$180	\$360	=	0	
				TOTAL ADDITIONAL FEE			\$ 0	

- ¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.
* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter
Page 2

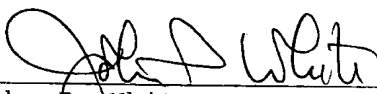
The following are also enclosed:

- ☒ One additional copy of this Amendment Transmittal Letter
- ☒ Return Receipt Postcard
- ☒ An Information Disclosure Statement, including Form PTO-1449
(Copies of citations included: Yes ☒ No ☐
and a fee of \$180.00 included)
- ☒ A Petition for an Extension of Time, including a fee of
\$510.00 for a Petition for 3 Month(s) Extension of Time
- ☐ Other (identify): _____

THE TOTAL FEE DUE IS \$ 690.00.

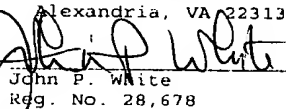
- ☒ A check in the amount of \$690.00 is enclosed.
- ☐ Please charge Deposit Account No. _____ in the amount of
\$ _____.
- ☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:
- ☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
- ☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,



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I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:
Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

 8/8/07

John P. White Date
Reg. No. 28,678